

Please type a plus sign (+) inside this box ☐

Approved for use through 9/30/98 OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION - Utility or Design Patent Application**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §366© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, code of Federal Regulations §1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional US or PCT International application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		Place Customer Number Bar Code Label Here	
OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration no. listed below			
Name	Registration Number	Name	Registration Number
C.A. Rowley	20,781		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Info sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	C.A. Rowley				
Address	P.O. Box 59				
Address	51 Riverside Parkway				
City	Frankford	Prov.	Ontario	P.C.	K0K 2C0
Country	Canada	Telephone	(613) 398 1409	Fax	(613) 398 1446

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Farshid.		NAJAFI			
Inventor's Signature	Farshid Najafi			Date	Feb, 19, 2004
Residence: City	Winnipeg	Prov.	MB.	Country	Canada
				Citizenship	Iranian
Post Office Address	106-1833 Pembina Highway,				
Post Office Address					
City	Winnipeg	Prov.	MB.	P.C.	R3T-3X8
				Country	Canada

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Second Inventor:</b>				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Nariman</b>				<b>SEPEHRI</b>			
Inventor's Signature	<i>Nariman Sepehri</i>					Date	
						<i>Feb. 19, 2004</i>	
Residence: City	<b>Winnipeg</b>	Prov.	<b>MB.</b>	Country	<b>Canada</b>	Citizenship	<b>Canadian</b>
Post Office Address	<b>42 Meadow Ridge Drive,</b>						
Post Office Address							
City	<b>Winnipeg</b>	Prov.	<b>MB.</b>	P.C.	<b>R3T-5N5</b>	Country	<b>Canada</b>
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box ☐

Approved for use through 9/30/98 OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>	Attorney Docket Number	UoM2
	First Named Inventor	Najafi
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing                 OR <input type="checkbox"/> Declaration Submitted After Initial Filing	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Hand Controller and Wrist Device**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application No. or PCT International Application No.

and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 3)

Burden Hour Statement: this form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.